PTO/SB/01 (09-04)

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		Attorney Docket Numb	per UPN0022-100	
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			First Named Inventor	David B. Weiner
			COMPLETE IF KNOWN	
(37 CFR 1.63)		Application Number	10/560.653	
☑Declaration ☐Declaration Submitted OR Submitted after Initial With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)		_	Filing Date	Int'l. Filing Date: June 14, 2004
		Art Unit		
		Examiner Name		

I hereby declare that:					
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.					
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME					
the specification of which (Title of the Invention)					
,					
is attached hereto					
OR					
was filed on (MM/DD/YYYY) June 14, 2004 as PCT International					
Application Number PCT/US2004/019028 and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached? Number(s) Country (MM/DD/YYYY) Not Claimed					
YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

[Page 1 of 3]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:			A petiti	ion has	been file	ed fo	r this unsigned inventor
Given Name (first and middle [if any]) David B.			т -	ily Name	e or Sur		
Inventor's Signature		4	· -		Date		
Residence: City Merion	State Penns	ylvania		Country United States of America		of	Citizenship United States of America
Mailing Address 717 Beacom Lane				, ,			
City Merion	State Penns	ylvania	,	Zip 19066	3		Country United States of America
NAME OF SECOND INVENTOR:			A petiti	ion has	been file	ed fo	r this unsigned inventor
Given Name (first and middle [if any]) Karuppiah				ily Name iumani	e or Sur	nam	е
Inventor's Signature					Date		
Residence: City Cherry Hill	State New J	ersey	L	Country United S America	tates of	;	Citizenship United States of America
Mailing Address 52 Ivy Lane							
City Cherry Hill	State New J	ersey		Zip 08002			Country United States of America
Additional inventors or a legal representative are being n	amed on th	ne <u>two</u> s	uppleme	ntal shee	t(s) PTO/	SB/02	A or 02LR attached hereto.

PTO/SB/02A (09-04) PTU/SB/02A (09-04)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 3

Name of Additional Inve	ntor, if any			A petition has been fi	ed for this	unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname			
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Inventor's Signature					Da	ate	
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Mailing Address 18 Pen	n Avenue						
Mailing Address							
City Souderton	s	PA tate	ZIP	18964	Country	United States of America	
Name of Additional Inventor, if any				A petition has been filed	for this unsi	igned inventor	
Given Name (fir	st and middle [if any])		Fa	nily Name o	or Surname	
Andrew Y. Choo			hoo				
Inventor's Signature	4	\wedge				ate 7/3/cl	
Residence: City Bright		MA tate	Cou	United States of America		United States of America	
Mailing Address P.O. E	35418						
Mailing Address							
City Bright	ton Sta	MA MA	Zip	02135	Country	ountry United States of America	
Name of Additional Inve	ntor, if any			☐ A petition has been filed for this unsigned inventor			
Given Name (fir	st and middle	if any])		Family Name or Surname			
Michael A.			С	Chattergoon			
					Di	ate	
Philac Residence: City	lelphia	PA State	Cou	Unites State of America		United States of America	
4701 [Pine Street,	Apartment D5	, 550				
Mailing Address							
Mailing Address City Philac	lelphia	State PA	Zip 19143 Co			United States of America	

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		First Named Inventor	David B. Weiner	
		COMPLETE IF KNOWN		
(37 CFR 1.63)		Application Number	10/560.653	
☑Declaration Submitted OR Submitted after Initial With Initial Filing (surcharge Filing (37.0FB.1.16 (a))		Filing Date	Int'l. Filing Date: June 14, 2004	
		Art Unit		
Filing		(37 CFR 1.16 (e)) required)	Examiner Name	

I hereby declare that:								
Each inventor's residence	Each inventor's residence, mailing address, and citizenship are as stated below next to their name.							
	I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
VACCINES, IMMU	VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME							
the specification of which (Title of the Invention)								
is attached hereto	·	·						
OR								
was filed on (MM/DD	/YYYY) June 14, 2004	as PCT Internationa	ı					
Application Number P	CT/US2004/019028 and	was amended on (MM/DD/Y)	YYY)	(if	applicable).			
I hereby state that I have revamended specifically referre	riewed and understand the co	ontents of the above identifi	ied specification, i	ncluding the clain	ns, as			
continuation-in-part applicati	sclose information which is nons, material information which all filing date of the continu	ich became available betwe						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy				
		(YES	NO			
j								
<u> </u>								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

[Page 1 of 3]

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 3

Name of Additional Inventor, if any	,	☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle	[if any])	Family Name or Surname				
Michele	-	Kutzler				
Inventor's Muhele Kuth	t		Date 11-9-06			
Souderton Souderton	PA State	United States of America Country	S United States of America Citizenship			
Mailing Address 18 Penn Avenue						
Mailing Address						
City Souderton	PA State	18964 ZIP	United States of America Country			
Name of Additional Inventor, if any	Name of Additional Inventor, if any					
Given Name (first and middle	[if any])	Fa	Family Name or Surname			
Andrew Y.	Andrew Y. Choo					
Inventor's Signature			Date			
Residence: City Brighton	MA State	United States of America	S United States of America			
Mailing Address P.O. Box 35418						
Mailing Address						
City Brighton S	tate MA	Zip 02135	Country United States of America			
Name of Additional Inventor, if any		☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle	[if any])	Family Name or Surname				
Michael A.		Chattergoon				
Ave Chat			Date 1//14/0.6			
Philadelphia	PA State	Unites State of America	es United States of America			
Residence: City / State Country Citizenship Address Citizenship Address Citizenship Address Citizenship Address Citizenship Citizenship Address Citizenship Citize						
Mailing Address						
City Philadelphia	State PA	Zip 19143	Country United States of America			

DECLARATION — Utility or Design Patent Application

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Name							
Address							
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Country			Γeleph	one		F	ax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:			A petit	ion has	been file	ed for	this unsigned inventor
Given Name (first and middle [if any]) David B.			Fam Weir	-	or Sur	name	
Inventor's Signature Date 11–8–06				8-06			
Residence: City Merion	State Pennsy	ylvania		Country United States of America		of	Citizenship United States of America
Mailing Address 717 Beacom Lane							
City Merion	State Pennsy	ylvania		Zip 19066			Country United States of America
NAME OF SECOND INVENTOR:			A petiti	ion has	been file	ed for	this unsigned inventor
Given Name (first and middle [if any]) Karuppiah			Family Name or Surname Muthumani				
Inventor's Signature.					Date	081	06
Residence: City Cherry Hill	State New Jersey			Country United States of America			Citizenship United States of America
Mailing Address 52 Ivy Lane			-				
City Cherry Hill	State New Je	ersey		Zip 08002			Country United States of America
Additional inventors or a legal representative are being na	ımed on th	ne <u>two</u> su	pplemei	ntal sheet	(s) PTO/S	SB/02A	or 02LR attached hereto.

PTO/SB/81 (04-05)
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Application Number	10/560,653
Filing Date	Int'l. Filing Date: June 14, 2004
First Named Inventor	David B. Weiner
Title	VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME
Art Unit	not yet assigned
Examiner Name	not yet assigned
Attorney Docket Number	UPN0022-100

I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoin	t:				
	associated with the Customer Number:	34136			
OR ☐ Practitioner(s)	named below:				
	Name Registration Number				
as my/our attorney Patent and Trader	r(s) or agent(s) to prosecute the application	n identified above, and to tran	sact all business in the United States		
Please recognize	e or change the correspondence address f	or the above-identified applica	ation to:		
☐ The address	associated with the above-mentioned Cus	stomer Number			
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Address					
City		State	ZIP		
Country					
Telephone		Email			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
		cant or Assignee of Record			
Signature	Mh	Date	7/3/86		
Name	Andrew Y. Choo	Telephone			
Title and Company		•			
NOTE: Signatures of a	all the inventors or assignees of record of the entere is required, see below*.	tire interest or their representative	s) are required. Submit multiple forms if		
*Total of	forms are submitted.	.			

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10/560,653
Int'l. Filing Date: June 14, 2004
David B. Weiner
VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME
not yet assigned
not yet assigned
UPN0022-100

I hereby revoke	all previous powers of attorne	ey given in the above-	identified application.			
OR	ciated with the Customer Number:	34136				
☐ Practitioner(s) nar	ned below:					
	Name	Registration N	lumber			
			İ			
						
as my/our attorney(s) a	or agent(s) to prosecute the application office connected therewith.	identified above, and to trans	act all business in the United States			
Please recognize or	change the correspondence address for	the above-identified applicat	tion to:			
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Address						
	1					
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Country						
Telephone		Email				
I am the:		<u> </u>				
Applicant/Invent	or					
_	ord of the entire interest. See 37 CFR 3					
Statement under	37 CFR 3.73(b) is enclosed. (Form PTC	D/SB/96)				
	SIGNATURE of Applic	ant or Assignee of Record	1 1 6			
Signature	H104	Date	6/22/00			
Name	David B. Weiner	Telephone				
Title and Company						
NOTE: Signatures of all the more than one signature is	e inventors or assignees of record of the entire required, see below.	e interest or their representative(s) are required. Submit multiple forms if			
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Title	VACCINES, IMMUNOTHERAPEUTICS AND METHODS FOR USING THE SAME	
Art Unit	not yet assigned	
Examiner Name	not yet assigned	
Attorney Docket Number	UPN0022-100	

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint: ☑ Practitioners ass OR	ociated with the Customer Number:	34136		
☐ Practitioner(s) na	amed below:			
	Name	Registration I	Number	
				
·· ·		-	NATIONAL TO THE PARTY OF THE PA	
as my/our attorney(s) Patent and Tradema) or agent(s) to prosecute the application rk Office connected therewith.	identified above, and to tran	sact all business in the United States	
	r change the correspondence address for	the above-identified applica	tion to:	
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City		State	ZIP	
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Telephone		Eiliaii		
I am the:				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
	SIGNATURE of Applic	ant or Assignee of Record		
Signature	Minter.	Date 6	36/22/06	
Name	Karuppiah Muthumani	Telephone		
Title and Company				
NOTE: Signatures of all to more than one signature	he inventors or assignees of record of the entire	e interest or their representative	(s) are required. Submit multiple forms if	
*Total of	forms are submitted.			

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Art Unit	not yet assigned
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Attorney Docket Number	UPN0022-100

I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint:					
☑ Practitioners associated with the Customer Number:	34136				
OR ☐ Practitioner(s) named below:					
Name	Registration Number				
	identified above, and to transact all business in the United States				
Patent and Trademark Office connected therewith.	identified above, and to transact air business in the Ornted States				
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Country					
Telephone	Email				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Stabel and only	Date 66/24/06				
Name Michael A. Chattergoon	Telephone 215 662 - 2352				
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if					
more than one signature is required, see below*. *Total of forms are submitted.					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to belief by the public wind ris of let (all by the public w

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I hereby appoint:				
☑ Practitioners associated with the Customer Number:		34136		
OR ☐ Practitioner(s) n	amed below:			
	Name	Registration	Number	
as my/our attorney/s	s) or agent(s) to prosecute the application	identified above, and to tran	nsact all business in the United States	
	ark Office connected therewith.	tachtimed above, and to tra-		
Please recognize of	or change the correspondence address fo	r the above-identified applica	ation to:	
☐ The address a	ssociated with the above-mentioned Cust	omer Number		
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│	associated with Customer Number:			
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Firm <i>or</i> Individual Name				
Address				
City		State	ZIP	
Country				
Telephone		Email	· ·· · ·-	
I am the:				
☑ Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature	Michile Kunte	Date	215 662 2352	
Name	Michele Kutzler	Telephone	215 662 2352	
Title and Company				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of	forms are submitted.			